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ABSTRACT

At the request of Congressman Charles B. Rangel, the General Accounting Office (GAO) conducted an investigation of federal efforts in drug abuse prevention and education activities, focusing on: (1) how the federal government provides leadership and coordination; (2) the federal agencies involved in drug abuse prevention and education activities; (3) how much agencies are spending and for what types of programs and activities; and (4) how programs and activities are evaluated for effectiveness. The GAO interviewed program, budget, and evaluation officials at 12 departments or agencies that were involved in prevention and education activities, concentrating efforts on agencies with the highest funding levels for such activities. The GAO analysis revealed an increase in funding for prevention and education in the area of drug abuse, a change in the federal role in drug abuse prevention, evaluations that were of the less rigorous type, ineffective early prevention efforts, and concerns about spending new funds. The GAO recommended that the Senate adopt state and local reporting and technical assistance requirements, that Congress provide states with the authority to reduce or terminate funding in cases where reasonable progress is not being made following provision of such assistance, and that the accountability of state and local programs be increased under the Anti-Drug Abuse Act of 1986. Ten data tables, five figures, and four appendices are included. (NB)

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United States General Accounting Office

GAO

Report to the Select Committee on Narcotics Abuse and Control, House of Representatives

December 1987

ED294116

DRUG ABUSE PREVENTION

Further Efforts Needed to Identify Programs That Work

CG 020782

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GAO/HRD-88-26

GAO

United States
General Accounting Office
Washington, D.C. 20548

Human Resources Division

B-228715

December 4, 1987

The Honorable Charles B. Rangel
Chairman, Select Committee on
Narcotics Abuse and Control
House of Representatives

The Honorable Benjamin A. Gilman
Ranking Minority Member, Select
Committee on Narcotics Abuse
and Control
House of Representatives

This report, in response to your request, discusses federal drug abuse prevention and education activities. Specifically, the report discusses how the federal government provides leadership for and coordination of its activities in these areas; the federal agencies involved; how much funding each agency uses, and for what types of programs and activities; and how federal programs and activities are evaluated.

The report contains recommendations to the Congress designed to increase accountability for drug prevention and education funds authorized by the Anti-Drug Abuse Act of 1986. As arranged with your offices, unless you publicly announce its contents earlier, we plan no further distribution of this report until 30 days from its issue date. At that time we will send copies to interested parties and make copies available to others on request.

Richard L. Fogel
Assistant Comptroller General

Executive Summary

Purpose

Some experts in the drug prevention and education field believe the United States has the highest rate of illicit drug abuse by youth of any industrialized nation in the world. Indicators suggest that the age of first abuse has continued to decline and drug abuse is occurring among younger and younger children.

This report, requested by the Chairman and Ranking Minority Member of the House Select Committee on Narcotics Abuse and Control, discusses federal efforts in drug abuse prevention and education activities. Specifically, GAO was asked to determine (1) how the federal government provides leadership and coordination, (2) the federal agencies involved in these activities, (3) how much they were spending and for what types of programs and activities, and (4) how programs and activities are evaluated for effectiveness.

Background

The problem of drug abuse in the United States is pervasive and diverse. Virtually every community has felt its impact, and no segment of the population is immune to the problem. In 1986, drug abuse became an important national topic as the media reported an increase of cocaine-related deaths, particularly from the use of crack, a cheaper and more powerful form of cocaine. As national concern grew, particularly after the deaths of two prominent young athletes from cocaine overdoses, public pressure for action mounted. This heightened attention contributed to passage of the Anti-Drug Abuse Act of 1986, which expanded the federal role and provided a large increase in funding for drug abuse prevention and education efforts.

During fiscal years 1984-86, federal expenditures (other than block grants) on drug abuse prevention and education activities averaged about $23 million, slightly more than 1 percent of the average total expenditures to combat drug abuse. The Anti-Drug Abuse Act of 1986 authorized $244.5 million in fiscal year 1987 for drug abuse prevention and education activities at the Departments of Education and Health and Human Services (HHS) and ACTION.

Results in Brief

Evaluations of the effectiveness of drug abuse prevention and education programs and activities by public and private organizations have been limited. For the most part, there is considerable uncertainty about what works to prevent drug abuse. Drug abuse prevention and education strategies used over the last 15 years were typically based on increasing one's knowledge about the subject. These were often found to be ineffec-

tive, however, and other evaluations were found to be poorly designed and often did not measure the impact of the program on drug abuse.

The 1986 act added requirements for a national study of the nature and effectiveness of programs at the federal, state, and local levels as well as for collection and dissemination of information on curricula and effective school-based programs. Information obtained from these studies should help the states in determining how best to use future funds.

In addition, the Department of Education requires localities to develop plans for funding they receive and also expects to begin monitoring funding use in fiscal year 1988. Neither the Department nor the states, however, have the authority to make program success a condition for continued funding.

GAO's Analysis

Increased Funding for Prevention and Education

Twelve departments or agencies spent an average of about $23 million during fiscal years 1984 through 1986 for drug abuse prevention and education activities. Most of these expenditures were concentrated in the Departments of Education, Defense, and HHS and ACTION. GAO did not analyze the Department of Defense programs because they were geared to that agency's personnel and their dependents and not the general public. Additional expenditures were made for drug abuse prevention and education activities during this period by the states under block grants, but states are not required to report spending amounts.

The Anti-Drug Abuse Act of 1986 provides an almost tenfold increase in funding authority for prevention and education activities. The Department of Education, the Office of Substance Abuse Prevention within HHS, and ACTION were the primary beneficiaries of the increased federal effort. (See pp. 20-22.)

Changing Federal Role in Drug Abuse Prevention

The federal role in providing leadership in drug abuse prevention and education has been shaped and changed over the past 15 years by the passage of a number of laws and executive orders. In the early 1970's, the country faced a major heroin epidemic, and the Drug Abuse Office and Treatment Act of 1972 expanded drug abuse prevention and initially defined the federal role. In the 1980's, federal efforts in

prevention and education grew and reached their highest level of funding with the passage of the Anti-Drug Abuse Act of 1986. (See pp. 17-21.)

Evaluations Are of Less Rigorous Type

The ultimate concern of the Congress, federal agencies, and others is whether federal funds are being invested in programs and projects that work. To determine this requires well-designed evaluations. According to HHS, most prevention and education programs have not contained adequate evaluation components. Some have been poorly designed, while others have failed to examine the impact of such programs on drug abuse. For example, of 127 program evaluations examined by one research group, only 4 were relatively well-designed, and these demonstrated little positive impact on behavior. (See pp. 39-40.)

Early Prevention Efforts Ineffective

Initial efforts to prevent drug abuse usually involved the dissemination of information about drugs and the consequences of abuse. Later programs emphasized increasing self-esteem, interpersonal skills, and participation in other activities as alternatives to drug abuse. Several strategies have been sufficiently evaluated to show that few had demonstrated any degree of success in preventing drug abuse. In particular, programs geared to disseminating information were shown to have virtually no impact on drug abuse or the intent to abuse drugs. More recent efforts, such as the widely used "Just Say No" program, are based on successful strategies developed in the antismoking campaign. These strategies include making students aware of social pressures to abuse drugs, teaching specific refusal skills, and making public commitments not to abuse drugs. The "Just Say No" program, however, has not yet been evaluated. (See p. 45.)

Evaluation Requirements of the 1986 Act

The Anti-Drug Abuse Act of 1986 not only significantly increased funding for drug abuse prevention and education activities but also added a number of requirements for evaluations of programs and activities. These are in various stages of implementation, but most will not be completed for some time and will be of little help to states and localities in deciding how best to use initial funding under the act. (See p. 45.)

Concerns About Spending New Funds

Currently, the actual state of drug abuse prevention and education efforts nationwide is largely unknown, and efforts to collect data on drug abuse prevention programs have been described in a report prepared by the National Association of State Alcohol and Drug Abuse

Directors, Inc., as primitive. Also, another report showed only one-third of the states collected information specifically related to drug abuse prevention. Without a data base covering the current status and accomplishments of drug abuse prevention and education programs, there is little foundation for making hard decisions on how best to use funds.

Most states have not been involved in monitoring or evaluating school-based drug abuse education programs. In addition, Department of Education officials told GAO that they are not providing specific evaluation guidance to the states and would not be able to monitor state efforts until at least fiscal year 1988. (See pp. 44-46.)

The Department of Education proposed an amendment to the act to require states to report on the effectiveness of state and local programs and tie continued funding at the local level to program success. The House included alternative provisions in H.R. 5, which require (1) states to annually report on state and local programs; (2) localities to provide states with a report on their first 2 years of operation, including significant accomplishments and the extent to which plan goals are being achieved; and (3) states to provide technical assistance to those localities not making reasonable progress toward accomplishment of plan goals after 2 years.

GAO believes the House bill would increase accountability, but that the states should be given the authority to reduce or terminate funding in cases where reasonable progress is not being made. (See p. 52.)

Recommendations

GAO recommends that the Senate adopt state and local reporting and technical assistance requirements, comparable to those in H.R. 5. GAO also recommends that the Congress provide states with the authority to reduce or terminate funding in cases where reasonable progress is not being made following the provision of such assistance.

Agency Comments

The Department of Education generally concurred with GAO's recommendations to increase the accountability of state and local programs under the Anti-Drug Abuse Act of 1986. HHS stated that the report provided a valuable baseline analysis of drug abuse prevention and education activities, which should enhance its future strategy planning. ACTION provided additional information, which has been incorporated into the report. The White House Drug Abuse Policy Office was asked but did not comment on the draft report.

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Abbreviations

ADAMHA	Alcohol, Drug Abuse, and Mental Health Administration
DOD	Department of Defense
GAO	General Accounting Office
HHS	Department of Health and Human Services
NIDA	National Institute on Drug Abuse
OSAP	Office of Substance Abuse and Prevention
VISTA	Volunteers in Service to America

Introduction

Drug abuse is defined as the nontherapeutic use of any psychoactive drugs in a manner that adversely affects some aspects of the user's life. During the past 20 years, the Congress has enacted legislation creating and supporting a variety of federal programs to prevent and treat drug abuse and to educate the public, especially school-age children, about its dangers. According to the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA), drug abuse occurs in most areas across the nation, and increasingly with the younger population. The age of first drug abuse is also continuing to decline.

Over One-Third of the U.S. Population Has Tried Illicit Drugs at Least Once

Although recent findings from two national surveys indicate a downward trend in drug abuse, many experts in the field believe that the level of drug abuse among certain age groups remains high. In fact, some experts believe that the United States has the highest rate of drug abuse among youth in any industrialized nation in the world.

A 1985 National Institute of Drug Abuse (NIDA) survey[1] of Americans age 12 and above reported that 70.4 million, or 37 percent of that population, had tried marijuana, cocaine, or other illicit drugs at least once in their lifetime. Among those 20 to 40 year olds who were employed, according to the survey, 29 percent reported using an illicit drug. It was further estimated that there were about 500,000 heroin addicts in the United States.

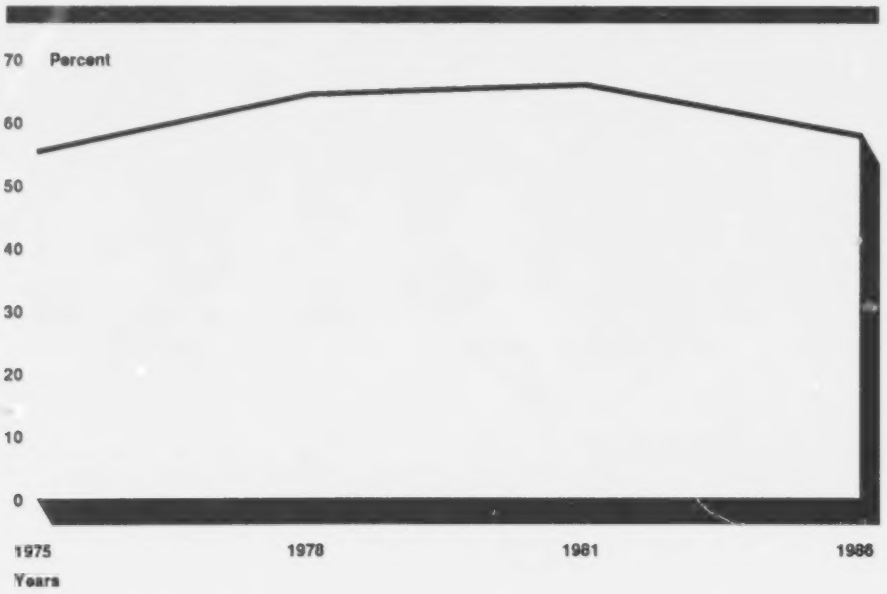
In addition, about 25 million people are reported to use marijuana regularly and another 15 million may use it occasionally. An estimated 30 million people are also reported to be occasional users of cocaine, with 700,000 to 1,400,000 addicted to it. Estimates of the number of regular cocaine users in 1986 ranged from 6 to 8 million compared with 4.2 million in 1982.

According to the annual survey of high school seniors, conducted by the University of Michigan for NIDA, about 58 percent of high school seniors in 1986 had used illicit drugs with about 20 percent of that use representing marijuana (see figs. 1.1 and 1.2).

Cocaine use in schools is also alarming. According to the high school survey, about 17 percent of high school seniors in 1986 reported having used cocaine at some point in their life. Also, as shown in figure 1.3,

[1]The Household Survey on Drug Abuse. This is a survey, partially funded by NIDA, of individuals 12 years old and over, representative of the continental U.S. population living in households.

Figure 1.1: Percentage of High School Seniors That Have Ever Used an Illicit Drug (Selected Years)



Source: Drug Abuse and Drug Abuse Research, the Second Triennial Report to the Congress from the Secretary, HHS, 1987, and 1986 survey of high school seniors.

about 6 percent of high school seniors in 1986 reported use of cocaine within the previous 30 days.

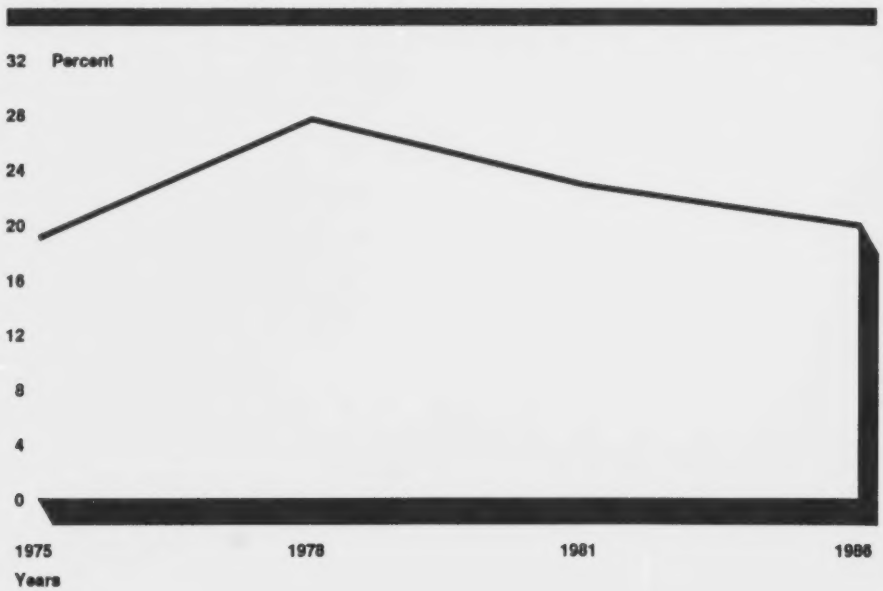
In addition to the use of marijuana, cocaine, and heroin, the abuse of psychoactive drugs, such as amphetamines and lysergic acid diethylamide (LSD), appears to be continuing.

Expenditures for Drug Abuse Prevention and Education Activities Expanded Significantly in 1986

In 1986, drug abuse became an important national topic as the media reported an increase of cocaine-related deaths, particularly from the use of crack, a form of cocaine that is smoked and is apparently cheaper, faster-acting, more potent, and accessible to a greater number of people than cocaine. As national concern grew, particularly after the deaths of two young and prominent athletes from cocaine overdoses, public pressure for action mounted.

This heightened attention contributed to passage of the Anti-Drug Abuse Act of 1986, which expanded the federal role and provided

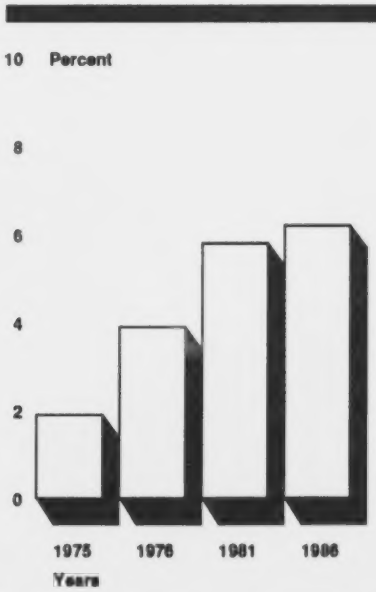
Figure 1.2: Percentage of High School Seniors That Have Solely Used Marijuana (Selected Years)



Source: Drug Abuse and Drug Abuse Research, the Second Triennial Report to the Congress from the Secretary, HHS, 1987, and 1986 survey of high school seniors.

increased funding for prevention and education efforts. Drug abuse prevention includes motivating nonusers to not abuse drugs and convincing abusers to stop. Drug abuse education efforts include disseminating accurate and credible information on the hazards of drug abuse. Such efforts are also intended to provide abusers or potential abusers with proper values and coping skills, such as learning to deal with the influence of peer groups.

Figure 1.3: Percentage of High School Seniors Using Cocaine Within Previous 30 Days (Selected Years)

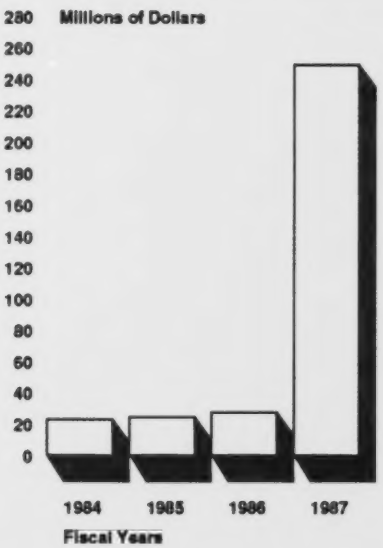


Source: Drug Abuse and Drug Abuse Research, the Second Triennial Report to the Congress from the Secretary, HHS, 1987, and 1986 survey of high school seniors.

Of $1.7 billion authorized by the act for fiscal year 1987, about $249 million was provided for prevention and education activities.[2] This represents a dramatic increase in the more than $24 million authorized for these activities in fiscal year 1986. Figure 1.4 shows federal budget authority for drug prevention and education activities for fiscal years 1984-87. The Departments of Education and Health and Human Services (HHS), and ACTION, which received a total of $244.5 million in fiscal year 1987, were given primary responsibility for prevention and education efforts. The remaining funds were for the Department of Labor for workplace initiatives, and the Bureau of Indian Affairs to assist any Indian tribes in assessing the scope of the problem and combating alcohol and drug abuse.

[2]The Department of Labor and ACTION received a single authorization for fiscal years 1987 and 1988. We have included one-half of this amount for each agency to represent the 1987 amount.

Figure 1.4: Drug Abuse Prevention and Education Budget Authority, Fiscal Years 1984-87



Source: Federal Drug Abuse Budget Summary for Fiscal Years 1984-86, and the Anti-Drug Abuse Act of 1986 for Fiscal Year 1987.

Objectives, Scope, and Methodology

As discussed earlier, the growing problems associated with drug abuse have focused national attention not only on the more traditional activities such as enforcement, treatment, and rehabilitation but also on prevention and education—two areas that received a major increase in federal support as a result of the 1986 legislation. In response to the increasing emphasis given to prevention and education in reducing drug abuse, the Chairman and Ranking Minority Member of the House Select Committee on Narcotics Abuse and Control asked us to determine:

- how the federal government provides leadership and coordination of its drug abuse prevention and education activities,
- the federal agencies involved in these activities,
- how much each agency spends and for what types of programs and activities, and
- how federal programs and activities are evaluated for effectiveness.

To accomplish these objectives we interviewed program, budget, and evaluation officials at 12 departments or agencies that were involved in

prevention and education activities. We concentrated our efforts, however, on those departments or agencies with the highest funding levels for such activities. Activities at the Departments of Defense (DOD) and Education, ACTION, and NIDA accounted for about 83 percent of all prevention and education funding during fiscal years 1984 through 1986. Because DOD activities were geared to its personnel and their dependents and not to the general public, we did not include DOD programs in our review.

We obtained funding data for all agencies from the Federal Drug Abuse Budget Summary—sometimes referred to as the drug abuse budget crosscut—which describes the level of federal budget authority and outlays for drug abuse programs. The summary is prepared by the White House Drug Abuse Policy Office with the assistance of Office of Management and Budget analysts who collect the data from the agencies. Since the most recent drug abuse budget crosscut was dated May 1985, we updated the data by contacting Office of Management and Budget and agency officials.

To understand the changing federal role regarding leadership and coordination and evaluation issues in the drug abuse prevention area, we developed a legislative history on drug abuse laws enacted since 1970; examined selected congressional hearings on drug abuse; reviewed the National Strategy for Prevention of Drug Abuse and Drug Trafficking report prepared by the President's Domestic Policy Council; and interviewed officials from the White House Drug Abuse Policy Office, ADAMHA, ACTION, and Education and obtained and analyzed documents from those offices.

We also contacted representatives and obtained documents from the National Association of State Alcohol and Drug Abuse Directors, Inc., and the National Association of State Boards of Education. In addition, we made an extensive literature search on drug abuse prevention and education activities with particular emphasis on evaluation efforts. We obtained and reviewed HHS's first (1984) and second (1987) Triennial Reports to Congress on Drug Abuse and Drug Abuse Research, and other major research and drug prevention- and education-related publications of NIDA and Education.

To obtain the implementation status of the 1986 Anti-Drug Abuse Act, we contacted Education, ACTION, and ADAMHA, the primary beneficiaries of funding under the act. Our work was done during September 1986

through May 1987, in accordance with generally accepted government auditing standards.

Chapter 2

Federal Leadership Efforts

Federal leadership in drug abuse prevention and education has changed over the past 15 years. In the 1970's, the federal government assumed responsibility and supported drug abuse prevention efforts through project and formula grants to states and other service providers. With the introduction of block grants in 1981, states were given greater responsibility for administering drug abuse programs, and the federal role was somewhat diminished. With the passage of the Anti-Drug Abuse Act of 1986, however, there has been a shift to an increased federal involvement and support of prevention and education efforts, although states are still primarily responsible for managing prevention efforts.

About 5 months after passage of the Anti-Drug Abuse Act of 1986, the President, by executive order, created a new centralized coordinating mechanism for federal drug abuse activities—the National Drug Policy Board, chaired by the Attorney General. The Board was given authority to develop and coordinate strategy and policy and to set budget priorities for all federal agencies with drug abuse responsibility. It is too early to tell whether the new Board will provide an answer to the longstanding concern of the Congress for a balanced, effective, and well-coordinated federal effort in the drug abuse prevention area.

Federal Role in Drug Abuse Prevention and Education Has Changed

The importance of the federal government's leadership role in drug abuse prevention and the need for coordination of its resources has been recognized for a number of years. Table 2.1 shows the key laws and executive orders that have shaped the federal role.

Table 2.1: Key Laws and Executive Orders That Have Shaped the Federal Role in Drug Abuse Prevention and Education

Title of act	Key provisions
Drug Abuse Office and Treatment Act of 1972	Expanded federal role by establishing Special Action Office, NIDA, and system of formula and project grants
Drug Abuse Office and Treatment Act of 1972, 1976 Amendments	Established the Office of Drug Abuse Policy within the Executive Office of the President
Omnibus Budget Reconciliation Act of 1981	Expanded state responsibility for drug programs through block grants
Executive Order 12368, June 24, 1982	Designated the Director of the Drug Abuse Policy Office to assist the President in carrying out drug abuse functions and policy
Alcohol and Drug Abuse Amendments of 1983	Defined federal leadership role and expanded NIDA research and technical assistance efforts
Anti-Drug Abuse Act of 1986	Expanded federal drug prevention and education efforts
Executive Order 12590, March 26, 1987	Centralized drug abuse functions within the National Drug Policy Board chaired by the Attorney General

Need for Federal Involvement in Drug Abuse Prevention Was Recognized in the Early 1970's

In the 1970's, when drug abuse began to permeate all levels of society, it was recognized that the costs to society as a whole and the inability of the criminal justice system to deter or rehabilitate drug abusers demonstrated the need for developing new and innovative alternatives in the areas of treatment, rehabilitation, and education.

A drug education effort was initiated, for example, in the nation's classrooms in March 1970, when the President directed the U.S. Office of Education to train all of the nation's classroom teachers in drug abuse prevention in 15 months. In December 1970, the Congress incorporated this program into the Drug Abuse Education Act and authorized the former Department of Health, Education, and Welfare to establish a grant program for developing drug abuse education curricula, educational materials, and model programs.

Initial Prevention Role Defined by 1972 Statute and Amendments

The Drug Abuse Office and Treatment Act of 1972 expanded drug abuse prevention and initially defined the federal role. At that time, the country faced a major heroin epidemic. The drug abuse problem was considered a crisis, and the federal government responded by intensifying its efforts to treat and prevent drug abuse.

The 1972 act made the Special Action Office, located within the Executive Office of the President, responsible for leadership of the federal

government's drug treatment and rehabilitation efforts. The act also elevated the drug abuse division of the Department of Health, Education, and Welfare's National Institute of Mental Health to a separate institute and created the National Institute on Drug Abuse. NIDA makes formula grants to states for treatment and services as well as special project grants and contracts for drug abuse treatment and prevention programs. The federal government and the states shared financial and administrative responsibility for drug abuse programs. States had key roles in administering some aspects of federal categorical programs, such as establishing program requirements, reviewing applications, and providing technical assistance.

The Special Action Office served as a coordinating mechanism for federal drug abuse prevention activities. According to the act's provisions, the Special Action Office was to be terminated in June 1975. After reviewing the drug abuse situation in 1976, the Congress believed that the problem was still as great as when the original act was passed and redesignated the Special Action Office as the Office of Drug Abuse Policy to continue policymaking and coordination functions. A change in presidential administrations occurred and the President abolished the office. Many members of the Congress opposed this action because they believed that a high-level office was needed to coordinate the diverse and often conflicting strategies of the more than 20 federal agencies with drug abuse functions.

The Congress and the administration subsequently reached a compromise whereby the President's Domestic Policy Staff absorbed the Drug Office's coordination and policymaking functions. In 1980, the Congress passed amendments that formally transferred responsibility to the President to reflect this change.

States Assumed Increased Responsibility for Drug Abuse Functions With Creation of Block Grants in 1981

The Omnibus Budget Reconciliation Act of 1981 substantially changed the administration of various federal domestic assistance programs by consolidating health programs into block grants, including the alcohol and drug abuse project grants. A major objective of block grants was to give states more authority to establish funding priorities to better meet their needs. The act consolidated 10 categorical programs into the alcohol, drug abuse, and mental health services block grant and gave states broad administrative responsibilities. The act also provided that of the substance abuse funds made available, the states must spend at least 35 percent for alcohol programs, 35 percent for drug abuse programs, and 20 percent for prevention and early intervention programs and services.

With the implementation of the alcohol, drug abuse, and mental health block grant, federal funding was reduced and states assumed additional responsibilities for establishing program requirements, monitoring program activities, providing technical assistance, collecting data, and auditing. Before block grants, states carried out some of these activities; however, block grants expanded the scope of their involvement. In addition, states no longer had to comply with numerous federal application and reporting requirements.

Stronger Federal Role Endorsed by the Congress in 1983

NIDA's annual surveys of high school seniors in the early 1980's indicated growing levels of alcohol and drug abuse among this group. In addition, NIDA survey data indicated that these drug abusers tended to abuse illicit drugs in combination with alcohol and other drugs. This pattern of polydrug abuse was of particular concern because knowledge of drug interactions was limited. The Congress voiced concern over the limited amount of ADAMHA's research and other support for prevention activities.

The 1983 Alcohol and Drug Abuse Amendments authorized grants and contracts for research. In addition, the Senate report indicated that NIDA was to (1) encourage and promote expanded research programs, investigations, experiments, demonstrations, and studies through grants and contracts and (2) place a high priority on the identification and funding of effective prevention and early intervention projects.

Increased Recognition of Importance of Activities Did Not Result in Significant Funding Support

Despite the endorsement of a stronger federal role by the 1983 legislation, federal funding for drug abuse prevention and education activities, exclusive of research funding, remained at a low level during the mid-1980's.

During fiscal years 1984 through 1986, federal expenditures for prevention and education activities averaged $23.2 million,[1] according to the Federal Drug Abuse Budget Summary, a document that describes budget authority and outlays. This amount represented slightly more than

[1]Excludes expenditures for prevention and education activities made by states under the alcohol, drug abuse, and mental health services block grant, which states are not required to report to ADAMHA. Block grants averaged about $474 million for fiscal years 1984-86. Of amounts made available for substance abuse, states are required to use 20 percent for alcohol and drug abuse prevention activities. Also excludes average NIDA drug abuse related prevention research expenditures of about $55 million for fiscal years 1984-86.

1 percent of average total federal drug abuse expenditures for that period, including enforcement, interdiction, and treatment.

Expenditures for prevention and education activities were spread among 12 departments and agencies. However, Education, DOD, NIDA, and ACTION accounted for about 83 percent of the funding for these activities (see table 2.2).

Table 2.2: Federal Expenditures for Drug Abuse Prevention and Education Programs, Fiscal Years 1984-86

Dollars in millions

	1984	1985	1986
DOD	$6.39	$7.65	$7.97
ACTION	7.21	6.74	5.53
NIDA	2.30	2.60	3.41
Department of Education	2.66	2.87	2.26
National Institute on Alcohol Abuse and Alcoholism	0.90	1.00	2.15
Drug Enforcement Agency	0.10	0.10	0.10
Office of Justice Programs, Department of Justice	0.38	0.98	1.33
National Highway Traffic Safety Administration	0.71	0.68	0.95
Federal Railroad Administration	0.20	0.10	0.10
U.S. Coast Guard	0.30	0.30	0.30
Department of Labor	0.26	0.36	0.21
Department of Agriculture	0.20	0.20	0.00
Total	**$21.61**	**$23.58**	**$24.31**

Anti-Drug Abuse Act of 1986 Significantly Expands Federal Role and Funding for Prevention and Education

During 1986, drug abuse became a major national concern. Key factors contributing to this concern involved reports of an apparent epidemic in cocaine abuse and the widely publicized deaths of two prominent athletes from cocaine overdoses. The increased attention contributed to passage of the Anti-Drug Abuse Act of 1986.

The act, while addressing all aspects of the drug problem, provided almost a tenfold increase in funding authorized for prevention and education activities from about $24 million in fiscal year 1986 to $249 million, the first significant infusion of federal funds for these activities. Most of the increase went to Education, which previously had a limited role in the area. The act also provided a new focal point for prevention, education, technical, and other assistance by creating the Office of Substance Abuse Prevention (OSAP) within ADAMHA. OSAP absorbed the prevention and education activities previously concentrated in NIDA. NIDA now concentrates on research activities.

Table 2.3 shows the prevention and education roles and funding authorized for Education, ACTION, and OSAP by the Anti-Drug Abuse Act of 1986.

Table 2.3: Prevention and Education Roles and Funding Authorized for Key Agencies by the Anti-Drug Abuse Act of 1986

Department/agency	Role and funding
Education	$200 million in fiscal year 1987 for federal support of drug abuse programs in schools and communities primarily through grants to states and local education agencies.
ACTION	$6 million for fiscal years 1987 and 1988 ($3 million appropriated for 1987) to initiate private sector efforts to encourage voluntarism in preventing drug abuse.
OSAP	$43 million to provide leadership and a central focus to federal drug and alcohol abuse efforts, including at least $20 million for a new emphasis on programs directed at high-risk youth.

Congressional Concern Continues for the Need to Effectively Coordinate Federal Efforts Against Drug Abuse

The Department of Education, OSAP, and ACTION are the primary agencies involved in drug prevention and education efforts under the new act. Eleven departments and 37 federal agencies also participate in the national effort to reduce the supply and demand of illicit drugs. Coordination of all these federal agencies has been a consistent congressional concern for a number of years, especially because sources within and out of government have reported conflicts in federal policy and fragmentation of efforts. At times, this has led to interagency rivalries, jurisdictional disputes, and lack of communication.

From 1982 to 1987, responsibility for drug abuse functions of federal departments and agencies rested with the White House Drug Abuse Policy Office within the Executive Office of the President. In March 1987, the President created a new cabinet-level board and gave it increased authority to oversee all federal drug activities.

1987 Executive Order Gives Increased Authority Over All Drug Functions

On March 26, 1987, the President signed Executive Order 12590, creating the National Drug Policy Board to centralize oversight for law enforcement and drug prevention, education, treatment, and rehabilitation. The Board's mission is to develop and coordinate strategy and policy for all federal agencies with drug responsibilities in either enforcement or prevention. In addition, the Board has been given

increased authority to develop budget priorities for all agencies with a drug role.

The Attorney General, who is the Board chairman, stated that this reorganization formally recognizes the equal priority of the supply (interdiction, enforcement, etc.) and demand side (education, prevention, treatment, etc.) approaches to combating drug abuse. Other members of the Board include the Secretary of HHS as vice chairman, and the Secretaries of Agriculture, DOD, Education, Energy, Housing and Urban Development, Interior, Labor, and Transportation; the Directors of the Office of Management and Budget, the Central Intelligence Agency, and the White House Drug Abuse Policy Office; the Assistant to the President for National Security Affairs; the Chief of Staff to the Vice President; and other members as the President may designate. The Board reports to the President's Domestic Policy Council.

The executive order also required the Board to establish the Drug Abuse Prevention and Health Coordinating Group. The mission of the group is to coordinate federal drug abuse prevention, education, treatment, and rehabilitation programs. This group will report to the National Drug Policy Board, which also oversees a coordinating group for federal drug law enforcement programs.

The Board with a cabinet-level chairman and new authority has more visibility, authority, and presumably greater access to the President than did the White House Drug Abuse Policy Office. It still has limitations, however, in comparison with the Drug Czar concept endorsed by some members of the Congress. This concept would appoint a single individual, with cabinet-level status, to have as his or her sole function the oversight of all federally supported drug activities. Since the Board is newly implemented, it is too early to tell how effective it will be in achieving a balanced, effective, and well-coordinated federal effort in the drug area.

Federal Drug Abuse Prevention and Education Activities

Between 1984 and 1986, federal drug abuse prevention and education efforts directed to the general public were concentrated in NIDA, ACTION, and the Department of Education. Activities of NIDA, a key agency for federal drug prevention and education efforts during this period, included technical assistance, encouragement and support of parent and other groups attempting to combat drug abuse, dissemination of information through a clearinghouse and networking with other knowledgeable parties, and development of various programs, such as the "Just Say No" program, designed to help prevent drug abuse. ACTION was the key agency in stimulating voluntary and private sector participation in drug abuse prevention programs. Education, for most of the period, had a limited role in prevention activities with its main effort consisting of a training program called the school teams approach.

The Anti-Drug Abuse Act of 1986 authorized significantly increased funding for prevention and education activities and made Education, in terms of funding, the key department in this area. The act also created OSAP and made it the central focus for prevention and education activities at HHS with the NIDA activities being assigned to OSAP. While many of the same type of activities as funded during fiscal years 1984 through 1986 are available for funding under the 1986 act, there is a new emphasis on programs directed at high-risk youth, and a certain portion of the funds made available to the states and OSAP are specifically designated for such programs. The specific projects that will be funded at the local level with Education grants are unknown, because these funds will not reach the localities until late in fiscal year 1987.

Early Approaches to Prevention

According to HHS, drug abuse prevention programs utilizing two basic strategies have proliferated for at least the last 15 years. These strategies are termed informational and "affective" or "humanistic." The information-type programs involve the presentation of facts concerning the dangers of drug abuse and are based on the assumption that if students are fully aware of the dangers of drugs, they will make a rational decision not to use them. Such programs, which were conducted by teachers, other school personnel, or persons outside the school staff (such as physicians, police officers, or ex-addicts), also frequently incorporated fear tactics to try to frighten students into not abusing drugs.

Programs using the second strategy termed "affective" or "humanistic" were generally designed to enhance self-esteem, encourage responsible decision making, and enrich the personal and social development of students. These programs attempted to (1) increase self-understanding and

acceptance through value clarification and decision making; (2) improve interpersonal relations through communication training, peer counseling, and assertiveness training; and (3) increase students' ability to meet their needs through conventional social institutions.

The extent to which programs are still utilizing these strategies is unknown because the number and type of drug prevention and education efforts nationwide is unknown. A 1985 report by the National Association of State Alcohol and Drug Abuse Directors, Inc., described the status of data collection on alcohol and drug prevention programs as, at best, primitive.

According to HHS, more recent prevention strategies have developed out of the antismoking campaign within the last few years. These strategies generally involve programs that focus on social influences believed to promote drug use and training on broader life or coping skills through approaches designed to increase personal and social competence.

The social influences strategy involves (1) making students aware of social pressures to use drugs to which they are likely to be exposed, (2) teaching specific refusal skills, and (3) correcting misrepresentations of social norms (e.g., making students aware that most adults and adolescents do not abuse drugs). Other features of this strategy include the use of peer leaders to teach the programs, the use of role playing and, in some instances, making a public commitment not to abuse drugs.

Other more broadly based programs emphasize (1) developing problem-solving and decision-making skills, (2) increasing self-control and self-esteem through goal setting, (3) learning nondrug coping strategies for anxiety, (4) increasing interpersonal skills, and (5) assertiveness training, such as improving the ability to say "no."

Federal Drug Abuse Prevention and Education Efforts at Three Agencies

The prevention strategies discussed earlier served as the philosophical background for the development of many of the programs and activities of three major agencies—NIDA, ACTION, and Education—during fiscal years 1984-86. The social influence strategy, for example, forms the basis for NIDA's "Just Say No" program, and media campaigns and publications made available through clearinghouses are part of the information-type programs intended to reduce drug abuse by informing the public of illicit drugs. The major efforts in prevention and education for these three agencies are described below.

NIDA Was the Key Federal Agency for Drug Prevention and Education Activities Before the Anti-Drug Abuse Act of 1986

Although NIDA had a significant leadership role in the area, its expenditures for drug prevention and education activities, exclusive of prevention research funding, during fiscal years 1984-86 averaged only about $2.75 million. NIDA activities were primarily directed toward influencing the actions of potential and actual drug users by developing accurate knowledge of the health hazards of abusing drugs and transferring this knowledge to researchers, practitioners, educators, and the public at large. In addition, NIDA was the principal source for promoting increased awareness of drug problems.

The major activities of NIDA during fiscal years 1984-86 are listed below and discussed in the following sections.

- School initiatives ("Just Say No" and "Teens in Action").
- Media campaigns.
- Conferences.
- Clearinghouse.
- Networking and technical assistance.

School Initiatives

NIDA's ongoing effort to reduce the prevalence of drugs in schools has involved "Just Say No" clubs. These clubs are formed primarily by youth in schools, community organizations, and youth clubs and churches and are designed to encourage and reinforce saying no to drugs through posters, buttons, booklets, and T-shirts. Club activities have included: "Just Say No" rallies; recreational activities, such as bowling and other sporting events; newsletters; involvement in community projects; and poster and essay contests.

"Just Say No" programs have been developed to teach young people to resist peer pressure. These programs are intended to help students learn that the use of drugs is not nearly as common as they may perceive, that "everybody" is not doing it, and that there are clear ways to say "no" when these substances are offered. Specific techniques include role modeling, videotape practice in saying "no," assertiveness training, public commitments not to use drugs, and understanding advertising methods that promote drug abuse. "Just Say No" clubs have been established in nearly 12,000, or about 20 percent, of U.S. public schools. In 1986 the Just Say No Foundation was formed with First Lady Nancy Reagan serving as National Chairperson.

Conferences

NIDA also has conducted activities such as conferences, which permit sharing information on programs and projects regarded as successful. For example, in conjunction with the National Institute of Alcohol Abuse and Alcoholism, NIDA sponsored the first national conference on alcohol and drug abuse prevention in August 1986. This conference included (1) prevention professionals and volunteers working in a variety of settings, (2) key leaders of national volunteer and professional associations, and (3) state task groups sponsored by the state alcohol and drug abuse agencies. Panels were established representing a broad spectrum of prevention activities, based on over 200 abstracts, received in response to a call for papers.

Clearinghouse

NIDA's clearinghouse has been the focal point within the federal government for receiving inquiries and disseminating information on drug abuse. According to NIDA officials, requests have been received from every state as well as over 75 countries. In fiscal year 1985, 83,000 requests were received.

Other NIDA Drug Prevention and Education Activities

Table 3.1 provides descriptive information on the remaining four selected major NIDA drug prevention and education activities carried out during fiscal years 1984-86.

Table 3.1: Descriptive Data on Selected NIDA Prevention and Education Activities

Activity	Description
Media Campaign	For Parents Only—a film and booklet project featuring teenage marijuana users who speak about their drug abuse.
	It's a Fact...Pot Hurts—three of four public service announcements on marijuana's effects designed to reach those 12 to 14 years old.
	Cocaine. The Big Lie—directed to adults age 18 to 35, the primary age group using cocaine.
Teens in Action	A program directed at seventh through ninth graders consisting of students writing essays about themselves, peer pressure, and the health effects from drug and alcohol abuse.
Networking	Providing guidance and support to the National Prevention Network, a public sector organization consisting of prevention managers and sponsoring five regional workshops involving national and state representatives of key prevention organizations.
Technical assistance	Assisting the public and private sector in response to letters or calls on a toll free line (800 number) and using consultants. Assistance may include consultation on needs assessments, program planning and implementation.

ACTION's Role in Federal Drug Prevention and Education Activities

During fiscal years 1984-86, ACTION spent an average $6.3 million each year on activities related to drug abuse prevention out of its general appropriation. Its efforts primarily involved stimulating voluntary and private sector participation in drug abuse prevention programs and, in conjunction with state and local organizations, disseminating information on the health hazards and social effects of drug abuse. The agency also provided assistance to organizations and community groups that promoted drug abuse awareness and prevention.

ACTION's efforts include:

- Demonstration grants.
- Public service announcements and other use of the media.
- Use of volunteers.
- Mobilizing the private sector.
- Support of clearinghouse.

Demonstration Grants

ACTION began its involvement in drug abuse prevention in 1981 in response to the President's Federal Strategy on Drug Abuse. ACTION officials told us that its drug abuse prevention activities since 1981 have involved awarding demonstration grants to organizations establishing or expanding statewide networks of volunteer parent groups. These groups conduct statewide or regional conferences and hold workshops with schools, parents, and youth groups. Some of these networks also produce newsletters and disseminate other educational materials. As of March 1987, grants to statewide parent groups have gone to 28 states and the District of Columbia.

In addition, ACTION has awarded demonstration grants to organizations that provide information to groups throughout the country, such as Families in Action and the Parents' Resource Institute for Drug Education. Families in Action maintains a nationwide drug information center with over 200,000 documents and also publishes Drug Abuse Update, a national newsletter containing abstracts from medical and academic journals and newspapers.

Public Service Announcements and Other Use of the Media

ACTION also designed and produced a series of nine public service announcements for television featuring First Lady Nancy Reagan and various celebrities. Much of the production costs and services were donated for these announcements. Each public service announcement provided health information through the use of popular or dramatic figures, such as Mr. T (a movie and television celebrity), who told young people some of the effects of marijuana; the Gremlins (popular film creatures with Jekyll and Hyde characteristics), who warned against drinking and using drugs while driving; and a former teenage drug abuser discussing her addiction. The announcements were distributed through the state network of volunteer parent groups.

Other ACTION drug prevention and education activities are listed and described in table 3.2.

Table 3.2: ACTION Prevention and Education Activities

Activity	Description
Use of Volunteers	Volunteers in the Volunteers in Service to American (VISTA) and the Older American Volunteer Programs, including the Retired Senior Volunteer Program, the Senior Companion Program, and the Foster Grandparent Program, spend part of their time working in the area of drug abuse prevention. For example, VISTA volunteers work with troubled youth, provide peer counseling to high school students, establish alcohol/drug prevention projects in the community and the schools, and create community awareness of the hazards of alcohol/drug abuse.
Mobilizing the Private Sector	Relying on NIDA research findings, ACTION and McNeil Pharmaceuticals designed and implemented the Pharmacists Against Drug Abuse Program to help parents and youth become aware of the drug problem and to provide resources for drug abuse prevention. ACTION is also involved in another similar program called Physicians Against Drug Abuse designed to provide health information on illegal drugs.
Clearinghouse	The Parents' Resource Institute for Drug Education maintains an international resource and conference center of materials and films on drug abuse prevention. The Institute also has a nationwide toll-free number (funded by ACTION) through which people can obtain information on topics such as the health consequences of using illegal drugs and how to form parent groups.

The Department of Education Had Limited Role Before Anti-Drug Abuse Act of 1986

Before 1986, Education's alcohol and drug abuse education program consisted primarily of a school team approach designed to help school systems develop the capacity to prevent and reduce disruptive behavior resulting from drug and alcohol abuse. Average expenditures for this program during fiscal years 1984-86 were about $3 million. Late in fiscal year 1986, Education also published a book entitled Schools Without Drugs, which has been widely distributed to help schools deal with drug abuse problems. These efforts are discussed below.

School Teams

The school team approach began in 1970 and involves training teams of five to seven community members, school administrators, teachers, or other community leaders. The teams receive training through one of five

regional centers located in Sayville, New York (a suburb of New York City), Miami, San Antonio, Oakland, and Chicago.

Education officials told us that the training consists of a problem-solving methodology, which includes analyzing the problem, defining the resources the communities have and need to solve it, mobilizing to focus on the problem, and developing an action plan tailored to resolve the particular situation. Participants return to the community and train others in the community to assist in problem solving.

About 5,000 communities and 18,000 individuals have been trained in the school team approach. Programs set up by the teams reach about 1 million youth annually. According to Education, the school team approach has served as a model for a program the Department of Transportation is developing to combat drunk driving.

Major Education Publication on How to Prevent Drugs in Schools

In August 1986, Education published Schools Without Drugs, which was designed to help schools combat serious drug abuse problems through concerted community efforts. The book is intended to be used by parents, teachers, principals, religious and community leaders, and others. It follows Education's previous book called What Works, which was a summary of research findings on teaching and learning.

Schools Without Drugs emphasizes preventing drug experimentation by requiring drug education to start in kindergarten; clear policies against drug abuse in school and consistent enforcement of those policies; and the cooperation of school boards, principals, teachers, law enforcement personnel, parents, and students. The publication recommends strategies, provides a list of resources, and describes particular communities that have succeeded in reducing drug abuse. As of September 10, 1987, over 1.6 million copies of the book had been distributed by Education.

The Anti-Drug Abuse Act of 1986 Expands Federal Activities

The Anti-Drug Abuse Act of 1986 authorized increased funding for federal drug prevention and education efforts from an average $25 million annually during fiscal years 1984-86 to about $249 million for fiscal year 1987. The largest increase, about $200 million, will go to Education, for national programs, and for grants to states and local educational agencies, for drug prevention and education programs in the schools. Within HHS, OSAP replaced NIDA as the central focus for prevention and education activities, absorbed its activities, and received funding authority of about $43 million for its 1987 initiatives. This was an

increase of nearly $40 million compared with NIDA's fiscal year 1986 funding authority of about $3.4 million.

The act added an emphasis on and specific funding to the states and OSAP for programs directed to high-risk youth, who were generally defined as individuals who had not reached age 21, who are now or are at risk of becoming a drug or alcohol abuser, and who meet one or more of the following criteria: are school dropouts; have become pregnant; are economically disadvantaged; are the child of a drug or alcohol abuser; are a victim of physical, sexual, or psychological abuse; have committed a violent or delinquent act; have experienced mental health problems; have attempted suicide; or are disabled by injuries. The act also gave ACTION, for the first time, authorization for a specific appropriation for grants to increase voluntarism in the area of drug abuse prevention and education.

Prevention and Education Responsibilities Transferred to OSAP

The Anti-Drug Abuse Act of 1986 shifted the prevention and education focus from NIDA to OSAP.[1] To provide leadership to federal drug abuse efforts, the Congress gave OSAP a mandate to develop and disseminate prevention and education information (including information on the cocaine derivative, crack); to coordinate research findings by Public Health Service agencies on the prevention of drug and alcohol abuse; to conduct training, technical assistance, data collection, and evaluation activities; and to support the development of model and innovative community-based programs to discourage alcohol and drug abuse among young people.

OSAP earmarked $41.5 million for community, media, clearinghouse, and other prevention and education activities through its programs. In contrast, NIDA spent an average of less than $3 million annually on drug prevention and education activities during fiscal years 1984-86. Of OSAP's fiscal year 1987 funding, $24 million, or about 58 percent, is for projects directed at high-risk youth. The balance is for a planned national outcome evaluation of high-risk projects, other evaluations, personnel expenditures, and other prevention activities. This would include media educational campaigns, community assistance to parents and schools, technical assistance, and "Just Say No" activities, which along with the other drug prevention and education activities of NIDA were transferred to OSAP pursuant to the Anti-Drug Abuse Act of 1986.

[1]NIDA's focus will be in drug abuse prevention research. For fiscal year 1987, NIDA received $133 million for research activities, almost double the 1986 amount.

A status of OSAP activities follows:

- In December 1986, OSAP held a national strategy conference attended by substance abuse prevention experts who provided guidance and recommendations to help OSAP refine its mission.
- In February 1987, OSAP issued a grant announcement for about $24 million for (1) comprehensive prevention projects, (2) primary prevention intervention projects for high-risk children groups, and (3) demonstration projects for early intervention of youth who have begun to abuse drugs. Applicants were to respond by May 15, 1987, and indicate how they are coordinating and avoiding duplication with related state and local programs, including those being planned under newly established or recently expanded federal programs.
- In January 1987, OSAP created a new National Clearinghouse for Alcohol and Drug Information, which includes the previous clearinghouse programs operated by NIDA and the National Institute on Alcohol Abuse and Alcoholism.

OSAP's Fiscal Year 1988 Funding

According to an ADAMHA official, the Anti-Drug Abuse Act of 1986 did not provide fiscal year 1988 funding authorization for OSAP because the appropriated funds for fiscal year 1987 had a 2-year availability. The ADAMHA official told us that OSAP will obligate all of its $41.5 million fiscal year 1987 appropriation for direct operations, such as personnel and administration costs, and for grants and contracts. OSAP, however, is requesting through ADAMHA about $11 million for fiscal year 1988 to cover its direct operating costs and the on-going activities transferred to it from NIDA and the National Institute on Alcohol Abuse and Alcoholism at the beginning of fiscal year 1987.

Drug Abuse Initiatives to Be Undertaken by ACTION

The 1986 Anti-Drug Abuse Act of 1986 authorized ACTION to engage in activities that mobilize and initiate private sector efforts to increase voluntarism in preventing drug abuse through public awareness and education. The legislation, which amended the Domestic Volunteer Service Act of 1973, authorizes $6 million for fiscal years 1987 and 1988 drug abuse prevention activities. Appropriations totaled $3 million for fiscal year 1987. ACTION has established a Drug Alliance Office, which has oversight responsibilities of all drug abuse prevention activities. One of ACTION's goals is to fund demonstration projects that can develop lasting coalitions of community-service and religious groups, parent and youth

groups, media, state/local government, foundations, and business interests. ACTION expects these groups to continue providing funding after the initial federal grant money has been used.

On March 2, 1987, ACTION made available to community-based groups $1.5 million for drug abuse prevention projects, with the condition that a funding request may not exceed $35,000 to be used within a 2-year period. In addition, applicants are required to include local business and private sector endorsements for the projects.

The remaining $1.5 million in 1987 appropriated funds is to be used primarily for

- minigrants (under $10,000) to supplement existing grant announcements;
- discretionary funds to regional directors not to exceed $10,000 each, for one-time technical assistance and unpredicted project requirements;
- development of community-based coalitions with the private sector through conferences and workshops;
- development of instruments for evaluating demonstration grants;
- development of four public service announcements; and
- funding of exceptional programs by unsolicited proposals and grants to develop public-private partnerships of volunteer programs dealing with drug abuse prevention and education.

Department of Education Becomes the Major Player in Drug Abuse Prevention

The Anti-Drug Abuse Act of 1986 made Education the key player in federal drug abuse prevention and education activities by authorizing $200 million for such activities in fiscal year 1987. The funds will be allocated to educational agencies, governors, and territories and used by Education for national programs and the development of audiovisual materials. The Congress voted for a continuing resolution, which appropriated the full amount. Table 3.3 shows a breakdown of the major components of the 1987 appropriation for Education. Figure 3.1 gives a more complete depiction of the appropriation and some examples of the types of activities for which the funds are to be used at the state and local levels.

Table 3.3: Allocation of the Department of Education's Drug Abuse Prevention and Education Funds, Fiscal Year 1987

Allocation	Funds
State and local programs/state grants	$159,101,000
Territories	1,945,000
Education national programs	33,454,000
Education development of audiovisual materials	5,500,000
Total	**$200,000,000**

State and Local Programs

As indicated, of the $200 million, $159,101,000 is for grants to the states to be allocated on the basis of school-age population. Thirty percent of the states' allotment (about $48 million) is for use by the governors, and the remaining 70 percent (about $111 million) is for use by educational agencies. In addition, about $2 million is provided for territories and possessions.[2]

The act requires that of the about $111 million directed to educational agencies, at least $100 million is to be distributed to local educational agencies for alcohol and drug abuse prevention and education programs and activities, such as school-based, counseling, and community education programs. The state educational agencies may use the remainder of the $111 million appropriation for training, technical assistance, development and dissemination of materials, demonstration projects, administrative costs, special financial assistance to areas serving large numbers of economically disadvantaged children or sparsely populated areas, or to meet special needs.

Of the about $48 million available to the governors, at least half is to be used for innovative community-based programs of coordinated services for high-risk youth. The remainder can be used for programs for alcohol and drug abuse prevention; early intervention; and rehabilitation referral training programs for teachers, counselors, educational personnel, and community leaders; and other programs.

In February 1987, Education published guidance to facilitate getting the funds to the states. Table 3.4 shows the number of awards made as of September 10, 1987. Awards totaled about $141.7 million.

[2]Appendix I shows the specific allocation of fiscal year 1987 funds for the states, territories, the District of Columbia, and Puerto Rico.

Figure 3.1: Allocation of the Department of Education's Drug Abuse Prevention and Education Funds, Fiscal Year 1987

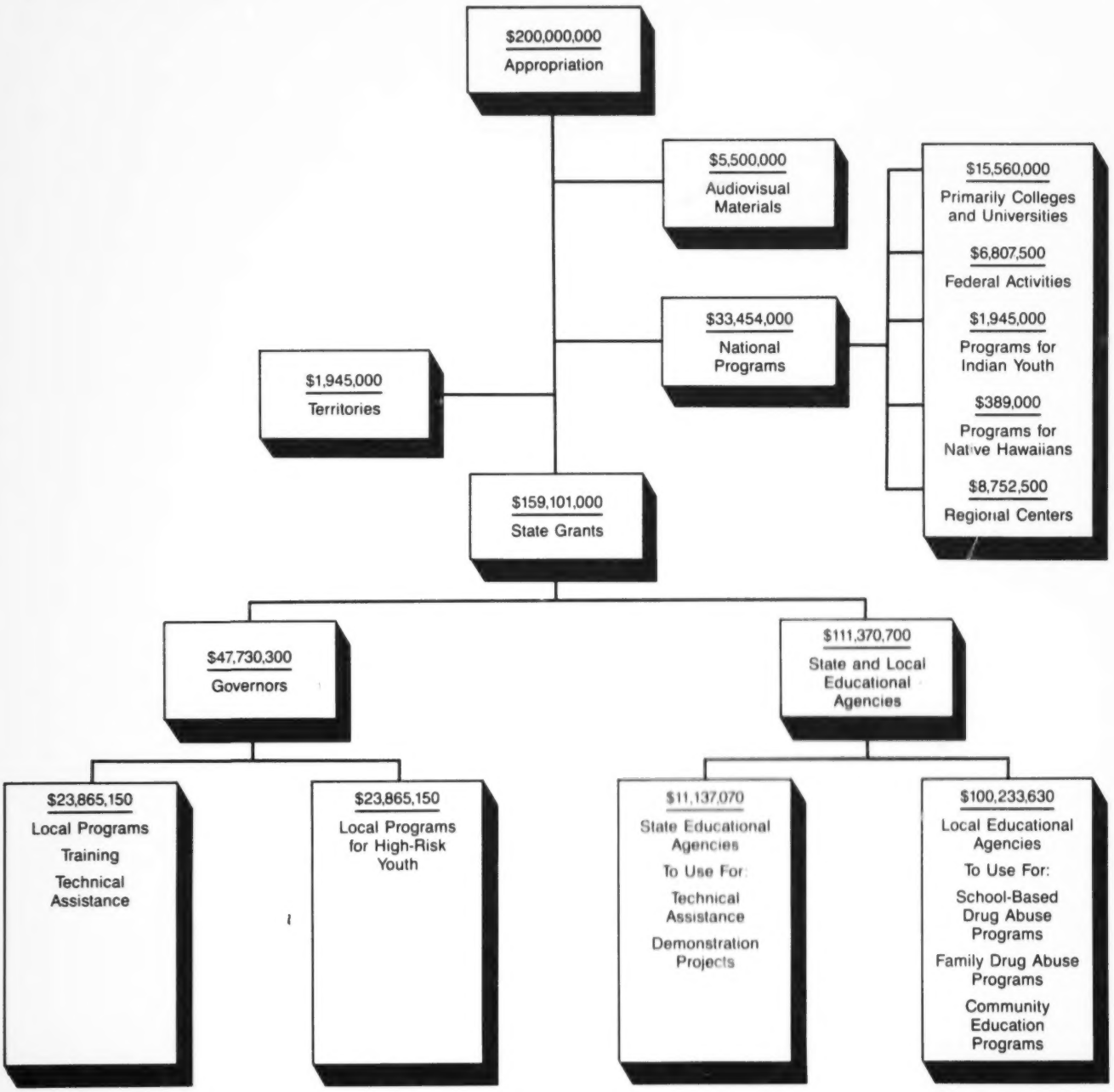


Table 3.4: Awards Made for State Drug Abuse Prevention and Education Funds as of September 10, 1987

	State education agency awards	Governor awards
States	49	47
D.C.	1	1
Total	**50**	**48**

Since local education agencies must apply for their funds from states after the states receive their funding, Education officials informed us that it will be late in the fiscal year before the local education agencies receive their funding. Therefore, it is unknown at this time what specific projects will be funded at the local level.

National Programs

The Anti-Drug Abuse Act of 1986 authorized $33,454,000 for national programs, allocated as shown in table 3.5.

Table 3.5: Fiscal Year 1987 Funding for National Programs

Institutions of higher education	$15,560,000
Regional centers	8,752,500
Federal activities	6,807,500
Indian youth	1,945,000
Hawaiian natives	389,000
Total	**$33,454,000**

As indicated in the table, the act authorized funding for the regional training centers of about $9 million, an increase from about $3 million previously. The centers are now required, in addition to their training activities, to evaluate and disseminate information on effective drug and alcohol abuse prevention and education programs and strategies. The Department is conducting an open competition for operation of the five centers, with awards expected early in fiscal year 1988.

The Anti-Drug Abuse Act of 1986 also authorized about $7 million for federal activities providing technical assistance to education agencies on the selection of prevention curricula, approaches, and programs to address most effectively the needs of the schools. As part of this technical assistance, Education, building on its publication Schools Without Drugs, started a challenge campaign in which schools are asked to give the Department information on programs they regard as models. Education plans to distribute this information to schools and communities through its newsletter, "The Challenge," started in March 1987. This campaign encourages communities and schools to form or sustain a drug

program based on the principles of the Department's handbook, Schools Without Drugs. Education officials indicated that about 900 schools and school districts had joined the campaign as of September 10, 1987.

The campaign also asks schools that believe they have a model drug program to provide the Department with a description of that model. Department officials said they have already received information on 60 such model programs. These are being evaluated by Education using the same criteria it used in selecting successful programs for inclusion in the Schools Without Drugs handbook. Information on successful programs will be disseminated through "The Challenge" bimonthly newsletter, the Education regional training centers, and the OSAP clearinghouse.

Department of Education Funding for Fiscal Year 1988

For fiscal year 1988, the Anti-Drug Abuse Act of 1986 authorizes $250 million for Education. The administration's fiscal year 1988 budget would reduce this to $100 million because it believes that the higher first-year funding level reflects one-time costs, such as those for planning, equipment, and instructional materials, that need not be repeated. Also, according to the special assistant to the Secretary of Education, states and localities will need some lead time to implement their programs and, therefore, a portion of the 1987 funding may be carried over to the 1988-89 school year.

Further Effort Needed to Identify Effective Drug Abuse Prevention Research and Evaluation Efforts

According to HHS, traditional prevention approaches used widely for the last 15 years have often been found to be ineffective. Many of these traditional programs have been able to show an increase in knowledge about the negative consequences of drug abuse, but few have been successful in changing drug abuse behavior. In addition, before passage of the Anti-Drug Abuse Act of 1986, the major federal agencies involved in drug prevention and education activities—NIDA, ACTION, and Education—had done few evaluations.

The Anti-Drug Abuse Act of 1986 contained a number of new requirements for studies and evaluations including a 1-year study of existing programs, evaluation of state and local programs funded by Education, collection and dissemination of information on successful curricula and school-based programs, and evaluation of OSAP demonstration projects. These requirements should help produce useful information about drug abuse prevention and education efforts. These and other evaluation efforts required by the act, however, are still largely in the developmental stage.

Department of Education officials have indicated that information on the manner in which states and localities use fiscal year 1987 funds will not be available until late in fiscal year 1988. Also, information on successful school-based programs and curricula will not be available to states and localities in time to aid them in determining how best to use the $200 million in 1987 funding being channeled to them under the act. Further, Education officials believe the act should be amended to provide additional authority that will ensure state and local accountability by tying continued funding at the local level to program success.

Most Programs Have Not Contained Adequate Evaluation Components

According to NIDA there are three basic types of evaluations, as shown in table 4.1.

Table 4.1: Types and Description of Evaluations

Type	Description
Process	Descriptive in nature and collects and reports information on program participants, financial resources, decision-making structure, and services rendered.
Outcome	Assesses accomplishments of a program in relation to its objectives and focuses on changes in behavior, attitudes, values, and knowledge
Impact	Looks at longer term community-wide effects of the programs. Tries to assess changes in incidence and prevalence in drug abuse and in community competence to deal with these problems.

Although decision makers usually prefer impact evaluations, such evaluations are more difficult to do and expensive at the local level. Therefore, most evaluations of drug prevention and education projects and programs have been of the process and outcome types. According to HHS's First Triennial Report on Drug Abuse and Drug Abuse Research, most drug abuse prevention and education programs that had been assessed as of the early 1980's have not contained adequate evaluation components. In addition, where evaluations had been performed, some were poorly designed, while others with otherwise sound evaluation designs did not examine the impact of their prevention programs on actual drug abuse behavior.

The report stated, for example, that of 127 program evaluations done in the 1970's examined by one group,[1] only 4 relatively well-designed studies were found, which utilized measures to evaluate drug abuse. The report stated that two of these demonstrated no effect on drug abuse behavior and two produced only a slight positive effect. Another study of 52 evaluations[2] of drug abuse prevention programs also found that few adequate evaluations of such programs were being performed. According to this study, conclusions could not be drawn from over half of the 52 evaluations because of design inadequacies. In addition, half of the evaluations did not measure the impact of the program on drug abuse behavior. Of the 52 evaluations examined, only 9 were found to contain both an adequate design and at least one measure related to drug abuse behavior.

[1]The review was performed by five researchers affiliated with the Pacific Institute for Research and Evaluation in Lafayette, California, with funds provided by NIDA under a contract known as the PYRAMID project.

[2]The study was performed by researchers at the University of Washington with support by the National Center for the Assessment of Delinquent Behavior and its Prevention Center for Law and Justice in Seattle, Washington.

Early Prevention Strategies Ineffective

Although there have been many poorly designed evaluations, which did not measure drug abuse behavior, several early prevention strategies have been sufficiently evaluated through prevention research for a judgment to be made, according to HHS, that they are ineffective. Programs utilizing these strategies have been able to show an increase in knowledge but have generally been unsuccessful in changing drug abuse behavior, which is the ultimate aim.

One strategy to prevent drug abuse shown by research to be ineffective involves the presentation of factual information concerning the dangers of drugs to potential or actual abusers. According to HHS, evaluations of these types of programs have shown that increased knowledge has virtually no impact on drug abuse or intentions to abuse drugs, and in some instances such programs are actually counterproductive in that they encourage rather than discourage drug abuse. Specific examples of evaluations of this approach made through preventive research grants follow.

- Evaluation of a drug education program for high school students showed relatively long-lasting increases in knowledge but no significant effects of the program on either attitudes or self-reported past or anticipated drug abuse behavior.
- Assessment of a television campaign on three urban high schools indicated no significant changes in drug abuse and attitudes about drugs attributable to the campaign.
- Evaluation of 3 years of participation in a primary prevention program by elementary school students showed no effects on involvement with marijuana for boys and an increase in marijuana use by girls.
- Evaluation of students who received drug education from specially trained teaching teams at 14 different schools indicated increased drug knowledge but no change in expected use of drugs.

A second prevention strategy, termed as "affective" or "humanistic," also proved to be ineffective. Programs based on this strategy were generally designed to enhance self-esteem, encourage responsible decision making, and enrich the personal and social development of students. According to HHS this strategy was ineffective because it was too experiential and placed too little emphasis on the acquisition of skills necessary to enable students to resist the various pressures to begin abusing drugs.

Illustrative examples of evaluations by private researchers of these types of programs follow.

- Assessment of an approach to drug education, which included value clarification, drug information, and peer interaction, found no differences between groups that participated in the program and those that did not.
- Evaluation of two school-based alternatives to drug abuse programs for junior high students showed negligible effects on drug abuse, although students rated the programs favorably.

According to HHS, prevention strategies that have been developed out of the antismoking campaign within the last few years show more promise of success than the earlier strategies. (See pp. 24-25.) These strategies, according to HHS, began to produce consistent positive effects in reducing and delaying the onset of smoking, and in some instances marijuana use, at least in the short term. These strategies also, however, still have many unanswered questions. A NIDA official told us that results of these strategies, according to research standards, have been mixed, and that additional research is still needed to determine the effectiveness of these approaches with a wider range of children.

Evaluation Efforts of NIDA, ACTION, and the Department of Education

Before passage of the Anti-Drug Abuse Act of 1986, the three major federal agencies involved in prevention and education had done little in the area of evaluating these activities. NIDA supported research to evaluate prevention strategies for use in prevention and education programs and evaluated media campaigns. ACTION, however, had not begun implementation of any evaluations of its prevention and education activities through 1986. An external evaluation of Education's Regional Training Centers, which undergirded its primary effort before the new act, the school team approach, was initiated before passage of the act and is still in process.

NIDA Evaluation Efforts

As discussed in chapter 3, NIDA expenditures for drug abuse prevention and education activities, exclusive of prevention research funding,[3] averaged about $2.75 million during fiscal years 1984-86, and were directed toward activities such as school initiatives, media campaigns, technical assistance, and publications. Some of the media campaigns have been evaluated. The "Just Say No" program has not been evaluated, but the strategies employed in the program have been studied.

[3]Many research efforts are essentially evaluations since the studies focus on the effectiveness of prevention approaches. The actual programs based on these strategies, however, also need to be independently evaluated.

Evaluation of NIDA Media Efforts

Among the drug abuse prevention activities funded by NIDA during fiscal years 1984-86 was a media campaign entitled "Cocaine—the Big Lie." This campaign, which began in April 1986 and will continue in fiscal year 1987, is designed to reach the 18- to 35-year-old working population and features a hot line number designed to elicit a response from viewers. A NIDA official told us that based on the age group of the callers on the hot line, it was determined that the campaign had reached the target group. An independent monitoring service also found that the television spots were being shown far more frequently than any earlier NIDA campaign ad.

An HHS-sponsored evaluation of the 1983-84 NIDA drug abuse prevention media campaign, which was targeted for youth 12 to 14 years old and their parents found that (1) there was no definitive evidence that the media campaign had a significant impact upon the attitudes and behavior of the youth target audiences or their parents, and (2) the NIDA public service announcement may have been aired too infrequently by local television and radio stations to have had a significant impact upon the target audiences.

"Just Say No" Program Limitations

The successful strategies developed in the antismoking campaign eventually became the basis for the widely publicized and federally endorsed antidrug "Just Say No" program. The "Just Say No" program itself, however, has never been subjected to a rigorous evaluation, and HHS has expressed concerns that:

- the strategies found successful against smoking may not transfer to the drug area,
- the strategy will not produce enduring results beyond the short-term, and
- the strategy may not have applicability to all segments of the population since research to date has been restricted to white, middle class populations.

ACTION Has Not Evaluated Its Drug Abuse Prevention and Education Activities Through 1986

According to the director of ACTION's Evaluation Division, there have been no specific evaluations completed through 1986 on ACTION's drug prevention and education activities. As discussed in chapter 3, these activities averaged about $6.3 million during fiscal years 1984-86 and included demonstration grants, public service announcements, and the use of volunteers. The director stated that only a marketing survey on the effectiveness of a drug information brochure produced through the

Pharmacists Against Drug Abuse Program had been completed through 1986. That survey was approved by the Office of Management and Budget with the condition that the activity and results be for internal use only, not for publication. It was completed in 1983.

External Evaluation of Education's Regional Training Centers Is in Progress

Before the Anti-Drug Abuse Act of 1986, Education's major effort in drug abuse prevention and education was the school team approach, which involved average expenditures during fiscal years 1984-86 of close to $3 million. Under this program, teams of local individuals (teachers, administrators, etc.) were trained in the five regional training centers on how to develop and put into practice strategies for controlling drug use in schools.

In 1986 Education contracted for an external evaluation of the Regional Training Centers. An Education official told us this was done because the Department wanted an independent evaluation of the centers and recommendations for management improvements. The contract modification work statement submitted in January 1987 indicated that an earlier evaluation of the centers had not provided reliable data about program effectiveness because of a number of design problems. The evaluation report claimed that the program has had a positive impact on preventing drug abuse and reducing disruptive student behavior. However, only one trained team in seven provided evidence of having reduced drug abuse or disruptive behavior. As of September 1987, the contractor's final report had been submitted and was under review.

Current Evaluation Efforts Are in Development

The Anti-Drug Abuse Act of 1986 included a number of requirements for studies and evaluations of programs by the Department of Education and OSAP. These studies and evaluations, however, are still in development and will not be available before the fiscal year 1987 funds are provided for state and local use. In addition, some information, such as the 1-year study and report on the nature and effectiveness of existing programs, is not going to involve systematic evaluation of programs but rather a description of what states and localities consider to be effective program components as well as a review of evaluation research. ACTION, which had not completed evaluating any of its drug prevention and education activities through 1986, began implementation in fiscal year 1987 of an evaluation to assess the self-sufficiency of statewide drug prevention and education activities in three communities. This evaluation is planned for completion in July 1988. Another evaluation is currently in the design phase.

Evaluation Efforts Required by the Anti-Drug Abuse Act of 1986

Table 4.2 shows the various study and evaluation requirements of the Anti-Drug Abuse Act of 1986 and the responsible departments or agencies. Following the table is a discussion of where the responsible agencies stand in relation to implementation of the requirements.

Table 4.2: Study and Evaluation Requirements of the Anti-Drug Abuse Act of 1986 and Responsible Agencies

Short title	Requirement	Agency responsible
1-year study and report	Study and report by October 27, 1987, of nature and effectiveness of existing federal, state, and local drug abuse prevention and education programs	Education, HHS
Evaluation of state and local programs	Annual evaluation by state of effectiveness of local programs and maintenance of such records and information by states and localities as may be required for fiscal audit and program evaluation.	Education, states, and localities
Information on curricula and effective school-based programs	Collection and dissemination of information on successful alcohol and drug abuse prevention and education curricula and effective and ineffective school-based alcohol and drug abuse prevention and education programs	OSAP, Education
OSAP evaluations of Education programs	Evaluation of programs supported by Education under the act	OSAP
Evaluation of OSAP grants	Evaluation of OSAP demonstration projects for high-risk youth	OSAP

1-Year Study and Report

The Secretary of Education, in conjunction with the Secretary of HHS, was to conduct a study of the nature and effectiveness of existing federal, state, and local drug abuse prevention and education programs and submit a report of the findings to the President and to appropriate committees of the Congress by October 27, 1987. Education officials told us, however, that it would be impossible for anyone to do systematic effectiveness evaluations of all federal, state, and local drug prevention and education programs in time for the mandated study issue date of October 27, 1987. Instead, Education has developed a one-page survey for state and local education officials; a federal agency survey; and will also utilize information being developed by the National Association of State Alcohol and Drug Abuse Directors.

By reducing the depth of analysis in this manner and by restricting the study to only those programs in existence at the time of the request for data, Department officials believe they can meet the required study issue date of early fiscal year 1988. By necessity, this study will exclude

new initiatives started late in fiscal year 1987 with funding provided under the new legislation.

Education's Evaluation of State and Local Programs Funded Under the Act

State applications for funding under the Anti-Drug Abuse Act of 1986 are to provide for an annual evaluation of the effectiveness of the programs assisted. The states must keep such records and provide such information as required by the Secretary of Education for fiscal audit and program evaluation. Applications from the local level to the states must also contain a provision that they will keep such records and provide such information as may be required for fiscal audit and program evaluation by the states.

Department of Education officials told us that they have been concentrating on approving applications and getting funds out to the states and that realistically the Department would probably not be able to perform any evaluation or monitoring of state efforts before fiscal year 1988. They said that one or two states had provided some information with their applications on the type of data they planned to maintain for evaluation purposes, but that as of May 1987, most states had simply provided the required assurance. The officials stated that funding of actual projects or activities at the state and local levels would probably not take place until late in fiscal year 1987; therefore, it was too early to make judgments about evaluation activities.

A 1986 survey by the National Association of State Boards of Education found that only one-third of the states reported the collection of information specifically related to drug abuse prevention. Without a data base covering the current status and effectiveness of drug abuse prevention and education programs, the association concluded there was little foundation for making hard decisions on how to use funds. The survey also found that most states were not involved in monitoring or evaluating school-based alcohol and drug abuse education programs.

Education officials stated that they do not plan to provide the states with an evaluation instrument or guidance because evaluation is a state responsibility and evaluation instruments are available. They said that the Parents' Resource Institute for Drug Education has a survey instrument that can be used to determine the incidence of drug abuse and that NIDA has given some technical assistance on evaluation through regional workshops. They said also that by examining Education's Schools Without Drugs publication, which contains information on assessing the problem, and by analyzing the makeup of the successful projects

included, states and localities can get a good idea about how to evaluate a project.

Although Education officials believe that little in the area of evaluation can be accomplished before fiscal year 1988, they indicated that they are convinced that projects need to be evaluated as quickly as possible before large sums of money are spent. They advised us that they favored enactment of legislation proposed by the Department (H.R. 1752), which would, among other things, require localities in their application to the states to

- show how they determined there is a problem, including identification of the age groups involved and the drug being abused,
- set objectives based on the problems identified, and
- demonstrate accomplishment of program objectives as a condition of receiving continued federal support.

The proposed legislation would also require states to provide the Secretary of Education with an annual report on the effectiveness of state and local programs.

The Secretary of Education testified at a hearing before the House Select Committee on Narcotics Abuse and Control in June 1987 that the proposed revision was needed because lawyers at both Education and the Office of Management and Budget believed that the language in the 1986 act requiring states and localities to "keep such records and provide such information" as required for fiscal audit and program evaluation was not sufficiently broad to permit states to require localities to show they were making effective use of the funds before they could receive additional funding. Education believes this kind of authority is necessary to enhance accountability. In addition, the current act does not require the states to report to Education on the accomplishment of state and local programs.

The House considered the Education proposal but included alternative provisions in H.R. 5. These provisions require (1) states to annually report on state and local programs; (2) localities to provide states with a report on their first 2 years of operation, including significant accomplishments and the extent to which plan goals are being achieved; and (3) states to provide technical assistance to those localities not making reasonable progress toward accomplishment of plan goals after 2 years.

Evaluation of Prevention and Education Curricula and School-Based Programs

An OSAP official informed us that under a memorandum of understanding between Education and HHS, Education will be primarily responsible for collecting information on curricula and effective and ineffective school-based programs with assistance from OSAP. Dissemination responsibilities will be shared by both departments.

Education officials told us that in view of the large amount of drug abuse prevention and education program curricula currently available, a systematic review and evaluation of the whole range of such curricula is not feasible.

Education officials, alternatively, propose to develop a check list of items, which can be used by states and local education agencies to guide them in making decisions on curricula. They believe some of these criteria are already available in their Schools Without Drugs publication, which recommends that schools implement a comprehensive drug abuse prevention curriculum from kindergarten through grade 12 that would teach that drug abuse is wrong and harmful and support and strengthen resistance to drugs. They said a group in Education is currently working on developing criteria using the Department's publication as a foundation and that they are establishing an independent panel to assist staff in this area.

Evaluation of Activities Funded by Education Under the Anti-Drug Abuse Act of 1986

The director of OSAP is charged under the Anti-Drug Abuse Act of 1986 with the responsibility to conduct training for, give technical assistance to, collect data from, and evaluate activities of programs funded by Education under the act. The former director of Evaluation and Research Coordination in OSAP told us that this requirement is so broad that OSAP does not know exactly how to proceed. He stated that there was some concern about this requirement, particularly about the difficulty of one agency evaluating the programs of another agency. In this case OSAP would be evaluating Education-funded programs.

The former director told us that they are considering a proposal to develop information on how to assess and evaluate drug abuse prevention programs. He indicated that NIDA had conducted five regional workshops on evaluations and that a prevention evaluation workbook was nearing completion.

OSAP Evaluation of Demonstration Grants

OSAP is to make grants to public and nonprofit private entities for projects to demonstrate effective models for the prevention, treatment, and rehabilitation of drug abuse and alcohol abuse among high-risk youth. OSAP is also charged with the responsibility of evaluating projects conducted with these grants.

On February 25, 1987, a total of $24 million was made available for high-risk youth demonstration grants. These demonstrations are to be documented to permit a process evaluation and, if successful, replication in other communities. Each project is to have an evaluation plan, and is required to participate in a national outcome evaluation. Applicants should have appropriate evaluation expertise on their staff or be able to obtain such expertise. A number of demonstration projects are to be selected for additional study, including outcome evaluations.

Projects, according to the announcement, are to include an evaluation that, at a minimum, describes (1) the target group, (2) the program interventions to be used, and (3) the means to be used to measure the effects of the proposed interventions. The former director told us that they have been providing technical assistance to potential applicants and expect to make awards in September 1987.

The current director of Evaluation and Research Coordination in OSAP told us that OSAP plans to have an external contractor validate the process evaluation performed by the grantees as well as do an outcome evaluation of the total demonstration grant program. He said the division is in the process of preparing a work statement for the external contractor and that this should be ready in the near future but he was uncertain as to how long it would take to obtain a contractor.

ACTION Plans Some Evaluations of Its Drug Abuse Prevention and Education Activities in 1987

Although ACTION had not completed any evaluations of its drug abuse prevention and education activities through 1986, the director of the Evaluation Division stated in September 1987 that a case study evaluation focusing on institutionalization, self-sufficiency, and strategies that work was currently being made of those statewide grants funded in 1983.

The director indicated also that an evaluation focusing on the degree to which ACTION's fiscal year 1987 grant awards have been successful in expanding volunteer efforts, community support, private sector involvement, coalition building, and parent and youth groups was being developed with agreement on the design estimated for October 1987. The

director estimated that the study will cost about $100,000, with the report to be published in fiscal year 1989.

ACTION, through its regional and state program offices, is also conducting a survey of successful volunteer drug abuse prevention projects, which have acquired private sector support. These projects are to be analyzed to determine how and why they have become successful and if they can be replicated. Examples will be made available for distribution to other federal agencies, state governments, and grassroots organizations seeking to develop effective volunteer programs.

An ACTION official told us that the agency has received information on about 75 projects and will include a selection of those in a compendium to be made available for distribution by the end of fiscal year 1987.

Conclusions, Recommendations, and Agency Comments

The Anti-Drug Abuse Act of 1986 provided a large increase in drug abuse prevention and education funding to the Department of Education for the states and localities. At the present time little is known of states' and localities' past experience in developing and carrying out drug abuse prevention and education activities. The little that is known advises caution. For example, early drug abuse prevention and education strategies were ineffective, and while programs using more recently developed strategies are more promising than earlier ones, researchers still have many questions about their long-term effectiveness. Also, the federally endorsed and widely publicized "Just Say No" program, likely to be utilized by many states and localities, has not yet been evaluated, and there are uncertainties about its applicability to all segments of the population and its long-term benefits.

Most states do not have a system to collect specific information from localities on drug abuse prevention and education activities, and under the current act the states are not required to report to Education on the accomplishments of the programs funded under the act. In addition, information on effective and ineffective school-based programs is not yet available and probably will not be available in time to help states and localities determine how best to use the initial funding. Further, results from the new demonstration program for high-risk youth authorized by the 1986 act will not be available for several years because the grants were not to be awarded until September 1987.

Besides lacking data-collection systems, neither the states nor the localities appear to have much evaluation experience. Most states have not monitored drug abuse prevention and education activities in the past, and federal oversight of state and local use of fiscal year 1987 federal funds, according to Education officials, is at least a year away.

Since many of the projects will not be funded until late in fiscal year 1987, it will probably be another year before sufficient information will be available to determine the success of new drug abuse prevention and education projects. This may allow federal evaluation and monitoring efforts to continue to develop so that some guidance can be provided concerning how best to utilize future funds. Implementation of monitoring and evaluation requirements should be given high priority by the responsible agencies so that successful programs can be identified and disseminated to the states and localities that are designing and implementing programs to combat drug abuse.

Education proposed legislation to require an annual report to the Secretary of Education on the effectiveness of state and local programs funded under the act. This legislation also proposed tying continued funding at the local level to a demonstration of program success or a plan that showed promise of success. The House of Representatives has adopted an alternative measure that increases state and local reporting requirements and requires states to provide technical assistance to those localities not making reasonable progress toward accomplishment of plan goals after 2 years. We believe the House bill would increase accountability but also believe that the states should be given the authority to reduce or terminate funding in those instances where reasonable progress is not being made following the provision of such assistance.

Recommendations to the Congress

We recommend that the Senate adopt state and local reporting and technical assistance requirements, comparable to those included in H.R. 5. We also recommend that the Congress provide states with the authority to reduce or terminate funding in those cases where reasonable progress is not being made following the provision of such assistance.

Agency Comments

We requested comments on a draft of this report from the Secretaries of Education and Health and Human Services and the Directors of ACTION and the White House Drug Abuse Policy Office.

The Secretary of Education generally concurred with our recommendation that the accountability of state and local programs under the Anti-Drug Abuse Act of 1986 be increased (see app. II). HHS indicated that the report provided a valuable baseline analysis of substance abuse prevention and education activities and the kind of information that will enhance HHS's future substance abuse prevention strategy planning (see app. III). ACTION provided additional information on its evaluation activities, which we have incorporated into the report (see app. IV). The White House Drug Abuse Policy Office did not provide comments.

Allocation of Fiscal Year 1987 Federal Funds by the Department of Education Under the Anti-Drug Abuse Act of 1986

DRUG-FREE SCHOOLS AND COMMUNITIES ACT OF 1986
STATE GRANTS: FISCAL YEAR 1987

State	Total Allotment (100%)	Allotment for State and Local Educational Agencies (70%)	Allotment for Governor (30%)
Total	$159,101,000	$111,370,700	$47,730,300
ALABAMA	$2,760,904	$1,932,633	$828,271
ALASKA	$795,505	$556,854	$238,651
ARIZONA	$2,018,106	$1,412,674	$605,432
ARKANSAS	$1,611,093	$1,127,765	$483,328
CALIFORNIA	$15,598,768	$10,919,137	$4,679,631
COLORADO	$2,007,930	$1,405,551	$602,379
CONNECTICUT	$1,872,259	$1,310,581	$561,678
DELAWARE	$795,505	$556,854	$238,651
FLORIDA	$6,074,667	$4,252,268	$1,822,401
GEORGIA	$4,032,819	$2,822,973	$1,209,846
HAWAII	$795,505	$556,854	$238,651
IDAHO	$795,505	$556,854	$238,651
ILLINOIS	$7,478,862	$5,235,202	$2,243,660
INDIANA	$3,741,127	$2,618,789	$1,122,338
IOWA	$1,909,569	$1,336,698	$572,871
KANSAS	$1,536,474	$1,075,532	$460,942
KENTUCKY	$2,554,006	$1,787,804	$766,202
LOUISIANA	$3,225,577	$2,257,904	$967,673
MAINE	$795,505	$556,854	$238,651
MARYLAND	$2,659,151	$1,861,406	$797,745
MASSACHUSETTS	$3,401,949	$2,381,364	$1,020,585
MICHIGAN	$6,179,812	$4,325,867	$1,853,945
MINNESOTA	$2,689,677	$1,882,774	$806,903
MISSISSIPPI	$1,953,662	$1,367,563	$586,099
MISSOURI	$3,188,268	$2,231,788	$956,480
MONTANA	$795,505	$556,854	$238,651
NEBRASKA	$1,058,234	$740,764	$317,470
NEVADA	$795,505	$556,854	$238,651
NEW HAMPSHIRE	$795,505	$556,854	$238,651
NEW JERSEY	$4,639,947	$3,247,963	$1,391,984
NEW MEXICO	$1,024,316	$717,021	$307,295
NEW YORK	$10,874,028	$7,611,819	$3,262,209
NORTH CAROLINA	$4,015,861	$2,811,103	$1,204,758
NORTH DAKOTA	$795,505	$556,854	$238,651
OHIO	$7,092,200	$4,964,539	$2,127,661
OKLAHOMA	$2,170,735	$1,519,515	$651,220
OREGON	$1,709,454	$1,196,618	$512,836
PENNSYLVANIA	$7,231,262	$5,061,882	$2,169,380
RHODE ISLAND	$795,505	$556,854	$238,651
SOUTH CAROLINA	$2,289,448	$1,602,614	$686,834

DRUG-FREE SCHOOLS AND COMMUNITIES ACT OF 1986
STATE GRANTS: FISCAL YEAR 1987

State	Total Allotment (100%)	Allotment for State and Local Educational Agencies (70%)	Allotment for Governor (30%)
SOUTH DAKOTA	$795,505	$556,854	$238,651
TENNESSEE	$3,101,865	$2,174,808	$932,059
TEXAS	$11,111,452	$7,778,015	$3,333,437
UTAH	$1,421,153	$994,807	$426,346
VERMONT	$795 505	$556,854	$238,651
VIRGINIA	$3,517,270	$2,462,089	$1,055,181
WASHINGTON	$2,764,296	$1,935,007	$829,289
WEST VIRGINIA	$1,339,751	$937,826	$401,925
WISCONSIN	$3,117,040	$2,181,928	$935,112
WYOMING	$795,505	$556,854	$238,651
D.C.	$795,105	$556,854	$238,651
PUERTO RICO	$2,985,938	$2,090,157	$895,781
OUTLYING AREAS:	$1,945,000	$1,361,500	$583,500
AMERICAN SAMOA	$255,601	$178,921	$76,680
GUAM	$723 113	$506,179	$216,934
NORTHERN MARIANAS	$128,403	$89,882	$38,521
REPUBLIC OF PALAU	$103,403	$72,382	$31,021
VIRGIN ISLANDS	$734,480	$514,136	$220,344

NOTE: As a result of the change in status of the Federated States of Micronesia and the Marshall Islands, formerly part of the Trust Territory, these entities are not eligible for funding under this program. The Republic of Palau, however, continues its trust relationship with the United States and is eligible for funding.

Source: Department of Education, Conference on Drug-Free Schools.

Comments From the Department of Education

UNITED STATES DEPARTMENT OF EDUCATION
WASHINGTON, D.C. 20202

OFFICE OF THE SECRETARY

Mr. Richard L. Fogel
Assistant Comptroller General
Human Resources Division
U.S. Government Accounting Office
Washington, D.C. 20548

SEP 11 1987

Dear Mr. Fogel:

This letter is in response to your request for comments on the draft report by the Government Accounting Office entitled "Drug Prevention: Further Efforts Needed to Identify What Works."

We concur with the recommendations of this draft report. As requested, however, we have annotated the attached copy to provide current information on the Department's programs. In addition, there are a few other points we would like you to consider:

Now on p. 35.

- Page 52 states that 50 percent of a Governor's funds "is to be used" for programs that do not specifically serve high-risk youth. In fact, a Governor could use in excess of 50 percent, and as much as 100 percent, of these funds for high-risk youth, rather than for other programs. We have added suggested wording to clarify this point.

Now on p. 47.

- The wording on pages 63-70 sounds as if our proposed amendment would require states, as well as localities, to document how they have identified drug problems, and set and accomplished program objectives. Actually, the amendment requires only localities to take these steps. States would, of course, have to evaluate their own programs (as they must under the current Act) and provide us an annual report on state and local activities.

Now on pp. 10-13.

- The report should use the latest 1986 High School Senior Survey findings, not 1985. This data would not, however, change the basic points made on pages 11-15.

Now on pp. 44 and 45.

- We have revised the wording on pages 65 and 67 relating to the Department's one-year study.

Thank you for the opportunity to comment on GAO's report.

Sincerely,

William J. Lennox, Jr.
Special Assistant to the Secretary

Comments From the Department of Health and Human Services

DEPARTMENT OF HEALTH & HUMAN SERVICES — Office of Inspector General

SEP 30 1987

Mr. Richard L. Fogel
Assistant Comptroller General
U.S. General Accounting Office
Washington, D.C. 20548

Dear Mr. Fogel:

The Secretary asked that I respond to your request for the Department's comments on your draft report, "Drug Prevention: Further Efforts Needed to Identify What Works." The enclosed comments represent the tentative position of the Department and are subject to reevaluation when the final version of this report is received.

We appreciate the opportunity to comment on this draft report before its publication.

Sincerely yours,

Richard P. Kusserow
Inspector General

Enclosure

General Comments

We appreciate the opportunity to comment on the draft report. We find the report to be generally good, providing a valuable baseline analysis of the state-of-the-art of substance abuse prevention and education activities within the historical context of the legislative and presidential initiatives that have forged the Federal response to this issue over the past 15 years. Consequently, we believe that the report provides the kind of information that will enhance the Department's future substance abuse prevention strategy planning.

We do, however, have some suggestions for improving the quality of the report:

--Although the report gives a good brief history of drug abuse education and prevention among the key Government agencies involved in drug abuse, it did not deal significantly with alcohol activities.

Now on p. 40.

Now on pp. 41 and 42.

--The report would be significantly improved if prevention research was differentiated from program evaluation. Specifically, prevention research is carried out under more controlled conditions than is feasible in studies of operating service programs. For example, the findings reported on page 58 concerning a review of 127 program evaluations are not distinguished from the findings reported on pages 59-60 which are the results of the National Institute on Drug Abuse prevention research grants.

Research grants, unlike demonstrations or evaluations of operating services, place paramount importance on methodological design including such elements as random assignment, control groups, measurements of independent, dependent, and intervening variables, while demonstrations inevitably place greater emphasis on the provision of services. Therefore, in terms of identifying what further efforts are needed to identify what works, demonstration-evaluations can identify promising models but they in turn must be more rigorously studied under the prevention research program. Because of the difficulty of achieving adequate research designs, it is highly unlikely that national reporting systems can be expected to do more than identify promising service designs. It is unrealistic to expect such reporting systems to assess program effectiveness.

Now on pp. 4-5.

--Page 6 of the GAO Executive Summary gives a much less positive report on activities of the States under the Alcohol, Drug Abuse and Mental Health Services (ADMHS) block grant mechanism than the 1985 ADMHS Block Grant Report to the Congress. The latter report showed significant changes in the States' prevention service systems with expenditures totaling $157,621,298 or 11.8 percent of their total ADMHS budgets.

Comments From ACTION

ACTION
WASHINGTON, D.C. 20525

OFFICE OF
THE DIRECTOR

September 23, 1987

Mr. Richard L. Fogel
Assistant Comptroller General
United States General Accounting Office
Washington, D.C. 20548

Dear Mr. Fogel:

We have completed our review and prepared our comments on your draft report to the House Select Committee on Narcotics Abuse and Control. The draft report, entitled "Drug Prevention: Further Efforts Needed to Identify What Works," was reviewed by various offices within ACTION.

Some of our comments are written in the margin of specific pages. The topic in the report which received our greatest attention, and for which we propose specific rewording in the report, is program evaluation. The suggested rewording is in the attachment to this letter.

Our suggested rewording provides a more accurate and balanced presentation of our past and current evaluation activity in relation to Drug Prevention and Education. I request that you give our suggestions your utmost consideration.

Thank you for giving us the opportunity to review and comment on the report.

Sincerely,

Donna M. Alvarado

Donna M. Alvarado
Director

FOSTER GRANDPARENT PROGRAM • YOUNG VOLUNTEERS IN ACTION • SENIOR COMPANION PROGRAM
RETIRED SENIOR VOLUNTEER PROGRAM • OFFICE OF VOLUNTARISM INITIATIVES • VOLUNTEER DRUG USE PREVENTION PROGRAM
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ACTION believes that a number of the statements contained in this report on its evaluation effort are not as complete and accurate as they could be. Some important facts and clarifications are omitted. Therefore, we recommend specific reworded language in the report in the following specific sections:

Now on p. 42.

Page 61, "EVALUATION EFFORTS OF NIDA, ACTION, AND ED"

Current Wording : "ACTION, however, did not evaluate any of its education and prevention activities through 1986."

Suggested Rewording: ACTION, however, has not yet completed an evaluation of it's education and prevention activities through 1986. A case study of three statewide sites to assess and analyze institutionalization and self-sufficiency of the grants awarded in 1983 is underway with an anticipated completion date of July 1988. The evaluation focuses on voluntarism in drug education and prevention, not behavioral change in the incidence of drug use.

Now on p. 43.

Page 64, "ACTION has not Evaluated its Drug Abuse Prevention and Education Activities through 1986

Current Wording : "According to the Director of ACTION's Evaluation Division there have been no specific evaluations performed through 1986 on ACTION's drug prevention and education activities. As discussed in chapter 3, these activities averaged about $6.3 million during fiscal year 1984-1986 and included demonstration grants, public service announcements and the use of volunteers.

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He told us that the closest ACTION had come to an evaluation of drug prevention activities was a marketing survey performed in 1982 on the Pharmacists Against Drug Abuse Program. The survey gathered perceptions by the public on the usefulness of information in a brochure describing the harmfulness of drug use."

Suggested Rewording: According to the Director of ACTION's Evaluation Division, only a marketing survey on the effectivenes of a drug information brochure produced through the Pharmacists Against Drug Abuse Program has been completed through 1986. That survey was approved by the Office of Management and Budget with the condition that the activity and results be for internal use only, not for publication. It was completed in 1983. Another evaluation including three in-depth case studies of three 1983 grant awardees was designed in 1986 and is currently being implemented.

Now on p. 44

Page 65, "CURRENT EVALUATION EFFORTS ARE IN THE DEVELOPMENT STAGE"

Current Wording : "ACTION, which had not evaluated any of its drug education and prevention activities through 1986, is planning to begin some evaluations in fiscal year 1987"

Suggested Rewording: ACTION designed an evaluation in 1986 to assess the degree of institutionalization and self-sufficiency of statewide drug prevention and education activities in three communities. A case study methodology is being used and the perceived effect of voluntarism on the drug prevention and and education efforts will be measured. Behavioral changes in the use of drugs by youth will not be measured since the purpose of the prevention and education effort is to persuade students in grades three through twelve to not start using drugs, to "Just Say No." So, behavioral changes should not occur. ACTION wants the students to not use drugs throughout their course of education. This evaluation should be completed in July 1988. Another evaluation on the 1987 grant awardees is in its initial design phase.

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Now on p. 49.

Page 73, "ACTION Plans Some Evaluations of Its Drug Abuse Education and Prevention Activities in 1987"

Current Wording : "Although ACTION had not evaluated any of its drug abuse education and prevention activities through 1986, the Director of the Evaluation Division stated that ACTION plans to do some evaluation of these activities beginning on fiscal year 1987. He said this would include (1) three to five case study evaluations of projects that have extended beyond initial federal funding to see if they achieved project goals, and (2) a Drug Prevention and Education Goal Accomplishment Evaluation.

Three [SIC] projects for the case study evaluation have been selected to date. The latter evaluation is to examine the effects of a federal public awareness program targeted to ask Americans to make the decision to say "no" to drugs and the types of local private sector organizations coalitions that organize to carry on the drug prevention awareness campaign after federal support ends. The Director stated that this evaluation will be designed in fiscal year 1987, performed in fiscal year 1988 and reported on in fiscal year 1989. He estimated the study will cost about $200,000."

Suggested Rewording: A case study evaluation is currently being implemented at three statewide grant awardees which received Part C funding in 1983. It focuses on institutionalization, self-sufficiency and strategies that work. The design of another evaluation is being developed for the FY 1987 grant awardees. Agreement on the design should be reached by October 1987. This evaluation will focus on the degree to which ACTION FY 1988 grant awardees have been successful in expanding volunteer efforts, community support and private sector involvement, coalition building, parent groups and youth groups. The report should be published in FY 1989 and the estimated cost of the the study is $100,000.

We appreciate your serious consideration of our suggested rewording of the report.

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